


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90030 035 ***150.00

DOCUMENT # P03000046538

1. Entity Name
ANTARES INVESTMENTS GROUP INC.



Principal Place of Business
**501 BRICKELL KEY DRIVE
 SUITE 400
 MIAMI, FL 33131**

Mailing Address
**501 BRICKELL KEY DRIVE
 SUITE 400
 MIAMI, FL 33131**

2. Principal Place of Business
2230 NE 122nd ST.
 Suite, Apt. #, etc.

3. Mailing Address
2230 NE 122nd ST
 Suite, Apt. #, etc.

City & State
North Miami, FL

City & State
North Miami, FL

Zip
33181 Country
USA

Zip
33181 Country
USA



02052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**NS CORPORATE SERVICES INC.
 501 BRICKELL KEY DRIVE
 SUITE 400
 MIAMI, FL 33131**

4. FEI Number
200008991

Applied For, Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

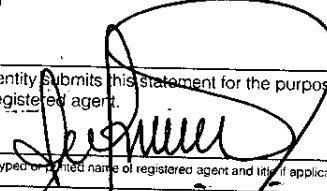
7. Name and Address of New Registered Agent

Name **PEIXOTO, ANA MARIA**

Street Address (P.O. Box Number is Not Acceptable)
2230 NE 122nd St.

City **North Miami** FL Zip Code **33181**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Ana Maria Peixoto Director** **2/6/04**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

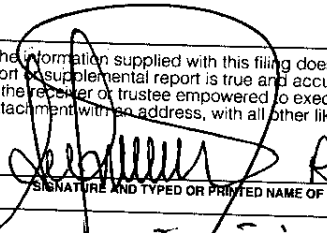
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEIXOTO, ANA MARIA 1450 BRICKELL BAY DRIVE MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PEIXOTO, NORMA 2230 NE 122nd ST. NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director PEIXOTO, Ana Maria 2230 NE 122nd ST NORTH MIAMI, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Ana Maria Peixoto** **2/6/04** **(305) 891 4891**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #